

Please - Do Not Staple

Chapter 202, Wis. Stats.
Subchapter II

STATE OF WISCONSIN
Department of Financial Institutions

Division of Corporate and
Consumer Services,
Charities Section

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DFICharitableOrgs@dfi.wisconsin.gov



Mailing Address:
PO Box 7879
Madison, WI 53707-7879

Telephone: (608) 267-1711

WEBSITE: DFL.WI.GOV
**CHARITABLE ORGANIZATION
APPLICATION**

Fax: (608) 267-6813

Courier Address:
4822 Madison Yards Way
North Tower
Madison, WI 53705

GENERAL REQUIREMENTS:

If you are an organization based in Wisconsin, it is required that you complete this Application

Form #296 if you:

- Solicit or receive \$25,000 or more charitable contributions in a single year.
- AND/OR**
- Have any paid employees at your organization.

If you are an organization based outside of Wisconsin, it is required that you complete this Application

Form #296 if you:

- Solicit or receive ANY charitable contributions in Wisconsin.

APPLICANT INFORMATION

1.

| |
|---|
| <p>Name of applicant: The “applicant” is the corporation, limited liability company, limited partnership, partnership, or sole proprietorship that is registering with the department. If the applicant uses any trade names or DBA (doing business as) names for soliciting, include those names as well.</p> |
| |

2. Provide the following information for the applicant’s headquarters office, if any:

| | | |
|-----------------|--------|---------|
| Street Address: | | |
| City: | State: | Zip: |
| Telephone: | Fax: | E-Mail: |

3. Provide the applicant’s mailing address if different than above.

| | |
|-----------------|-------------|
| Street Address: | P.O. Box: |
| City: | State: Zip: |

4. Provide the following information for each of the applicant's Wisconsin offices, if any. Attach additional pages if necessary. This item does not have to be completed if the headquarters office noted above is the only Wisconsin office.

| | | | |
|-----------------|--------|------------|--|
| Street Address: | | Telephone: | |
| City: | State: | Zip: | |

5. Provide the following information for the person(s) who has custody of the applicant's financial records. Attach additional pages if necessary.

| | | | | | |
|-------------|------|-------------------|---------|--------|--|
| First Name: | | Last Name: | | Title: | |
| Street: | | | City: | | |
| State: | Zip: | Telephone Number: | E-mail: | | |

6. Provide the following information for the person to whom we can ask questions about this application and other registration related matters:

| | | | | | |
|-------------|------|-------------------|---------|--------|--|
| First Name: | | Last Name: | | Title: | |
| Street: | | | City: | | |
| State: | Zip: | Telephone Number: | E-mail: | | |

7. Provide the applicant's website address, if any:

| |
|--|
| |
|--|

8. Indicate the type of organization with an "X."

- | | |
|---------------------------|------------------------|
| Corporation | Partnership |
| Limited Liability Company | Sole Proprietorship |
| Limited Partnership | Other (Please Specify) |

| |
|--|
| |
|--|

9. If the applicant is a corporation, a limited liability company, or a limited partnership, provide the applicant's Federal Employer Identification Number:

| |
|--|
| |
|--|

If the applicant is a sole proprietorship or a general partnership, provide each owner's Social Security Number:

| |
|--|
| |
|--|

Note: Pursuant to Sections 202.021(4)(a)5.-7., Wis. Stats., this Department is required to obtain this information from all applicants. The information will be shared with other state agencies for the purpose of matching against tax information and outstanding child and family support data.

10. Identify the month and day of the applicant's fiscal year-end:

11. Provide the date and state of incorporation/organization. Date: State:

QUESTIONNAIRE

12. Is the applicant tax exempt? Yes No

If the applicant is not tax exempt, has the applicant filed an Application for Recognition of Exemption (IRS Form #1023) with the IRS? Yes No

13. Did the applicant solicit contributions or conduct fundraising in Wisconsin during its most recently completed fiscal year? Yes No

a. If you answered "yes" and your organization is based in Wisconsin, identify the amount of contributions received during the most recently completed fiscal year

b. If you answered "yes" and your organization is based outside of Wisconsin, identify the amount of Wisconsin contributions received during the most recently completed fiscal year.

c. If you answered "yes" and your organization is based outside of Wisconsin, identify the amount of all contributions (Wisconsin and non-Wisconsin) received during the most recently completed fiscal year.

14. Did the applicant solicit contributions or conduct fundraising in Wisconsin during the current fiscal year? Yes No

If yes, what was the amount of Wisconsin contributions received?

15. Will the applicant use a professional fundraiser to solicit contributions in Wisconsin by mail, telephone, or any other means of communication? Yes No

If YES, provide the following information about the fundraiser(s). Attach additional pages, if necessary.

| | | |
|---------------------|------|-------------------|
| Name of FundRaiser: | | |
| Street: | | City: |
| State: | Zip: | Telephone Number: |

16. Will a fundraising counsel plan, manage, or advise the applicant with respect to solicitations in Wisconsin? Yes No

If YES, provide the following information about the fundraising counsel. Attach additional pages, if necessary.

| | | |
|------------------------------|------|-------------------|
| Name of FundRaising Counsel: | | |
| Street: | | City: |
| State: | Zip: | Telephone Number: |

17. If the applicant will use a fundraising counsel, will the fundraising counsel, have custody of any contributions at any time? Yes No

18. Has the applicant ever been the subject of disciplinary action including, but not limited to, civil forfeitures, cease and desist orders, injunctions, license/permit/registration suspensions, denials, revocations, warnings, reprimands, enforcement actions, probation and limitations by any regulatory agency in Wisconsin or any other state? Yes No

If **YES**, attach details about the disciplinary action, including but not limited to date, regulatory agency and type of discipline.

19. Is disciplinary action pending against the applicant in Wisconsin or any other state? Yes No

If **YES**, attach details, including but not limited to action, regulatory agency, and state.

20. Has the applicant ever had a license, permit, registration, or other authority to solicit denied, suspended or revoked by a court or are proceedings pending? Yes No

If **YES**, attach a detailed statement of explanation and a copy of the court order.

21. Has the applicant ever been enjoined from soliciting contributions by a court or are such proceedings pending? Yes No

If **YES**, attach a detailed statement of explanation and a copy of any court order issued.

22. Have any of the applicant's officers, directors, trustees, or executive personnel (1) ever been convicted of a felony at any time, (2) been convicted of a misdemeanor within the last 10 years, or (3) been charge with a felony or misdemeanor, and the charges remain pending? Yes No

If **YES**, complete and attach a Convictions and Pending Charges form (Form 2252).

23. Identify the charitable purpose for which the applicant was organized.

24. Explain how the applicant will use the contributions it receives.

CHECKLIST & ATTACHMENTS

Information you will need in order to complete Form #296: Please use this checklist prior to submitting Form #296 in order to ensure you have ALL the materials necessary to be approved as a registered Charitable Organization in Wisconsin. You may not become a registered Charitable Organization in Wisconsin until you submit a completed application.

- FEIN# _____ (#9)
- \$15 Non-Refundable Fee is required. Checks can be made payable to WDFI.
- Your Fiscal Year End Date. (#10)
- Does your application address fundraising conducted or contributions received in Wisconsin during the most recently completed fiscal year, and during the current year? (#13 & #14)
- If you answered yes to question #13 on Form #296, do the answers to #13 compare to the figures 990 (line 8)/or 1952 (line 1)? If not, provide and explanation for the discrepancy in the amounts.
- If you have used a professional fundraiser (PFR) or fundraising counsel (FRC), provide copy of all contracts used for Wisconsin PFR and/or FRC solicitation. (#'s 15-17)

- Has any disciplinary action been previously taken against your organization by another state? (#18)
- Statement explaining how contributions received will be used. (#24)
- All blanks on the application are filled in.
- Application must be signed by 2 different officers (one must be CFO/treasurer). (pg. 6)
- List of officers/directors, title, and address for each officer/director. (Met if provided on your IRS 990 pg. 7)
- List of persons with final custody of contributions.
- List of persons responsible for final distribution of contributions.
- List of states where you currently have a Charitable Organization license (Met if provided on your IRS 990 pg. 6, Section C #17 or EZ pg. 3)
- Form #2252 or similar for officers/exec. personnel convicted of a misd./felony/pending charges. (#22)
- Explanation statement for any denied/revoked registrations or pending proceedings. (#20)
- Explanation statement if ever enjoined from soliciting contributions or any pending proceedings. (#21)
- Certificate of Incorporation (**Non-Wisconsin Corporations only**) – must include any name change amendments.
 - Your name on the application matches name on Certificate of Incorporation.
- Charter/Articles of Incorporation/Agreement of Association/Instrument of Trust/other organizational instrument
- Your organization’s Bylaws (unless organized as a trust)
- Certificate of Good Standing (**Non-Wisconsin Corporations only**)
- IRS Determination Letter regarding approval of 501(c)3 status **if you are tax exempt**. A state approval letter is also acceptable.
 - Provide IRS Form 1023 or 1023EZ **if 501(c)3 status is pending**
- Financial Report– needed if your organization solicited/conducted fundraising during most recently **completed fiscal year**.
*Form 1943 – used if you received **contributions less than \$50,000 in one community** (county of CO’s residence) or **less than \$25,000 in total**. As set forth in s. 202.12(6m)(e), Wis. Stats.*
 - All blanks filled in.
 - One or both boxes in Affidavit section are checked.
 - County where you solicit is identified.
 - Affidavit 1 and/or Affidavit 2 is signed by Pres and CFO

OR

Form 308 or Form 1952 – used if you received **Contributions greater than \$25,000** and didn’t qualify for the above exemption. submit one of the following: **Form 308 (only pages 4-6)** if you don’t have an IRS 990 **OR** the most commonly used **Form 1952 (only page 3)** if you have an IRS #990/990Z/990PF (990N is not acceptable).

- Financial information adds up.
- Amounts on Form 1952 match amounts disclosed on IRS Form 990.
- The expenses disclosed in column A of form 308 have been broken down into columns b, c, and d.
- Net income + beginning of the year net worth=end of year net worth. If it doesn’t equal, please explain why.

If Applicable:

Audited financial statements if \$1,000,000 or more in contributions during previously completed fiscal year

OR

Reviewed financial statements if between \$500,000-\$999,999 in contributions during previously completed fiscal year.
(Note: this amount should include the net proceeds from fundraising events, plus contributions received.)

- Audit/Review prepared according to the Generally Accepted Accounting Principles-GAAP
- Audit/Review is prepared by an independent firm.
- Net assets in Audit/Review match net assets on Form 1952 or Form 308 (unless Audit/Review is consolidated amongst multiple entities)

CERTIFICATION

Have two different officers sign the following certification. One of the officers must be the chief fiscal officer.

We certify that the information furnished in this application and in attachments to this application are true and correct to the best of our knowledge.

Signature of President or Authorized Officer Date

Signature of Chief Fiscal Officer Date

RETURN APPLICATION MATERIALS TO:

Department of Financial Institutions
Division of Corporate and Consumer Services

Mailing Address:
PO Box 7879
Madison, Wisconsin 53707-7879

Street Address:
4822 Madison Yards Way North Tower
Madison, Wisconsin 53705

This form is required under Section 202.12, Wisconsin Statutes. Refusal to provide this information may result in the denial of this registration application. Personally identifiable information on this form may be matched against tax information, outstanding child and family support data and law enforcement agencies. Failure to complete this application completely and accurately may result in denial or revocation of registration, and any other penalties as provided by law.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.